



## Medical Necessity Criteria for Armodafinil (Nuvigil)

**Drug Class** – Wakefulness promoting agents

### Background

After evaluating the relative clinical and cost effectiveness of medications in this class (the wakefulness promoting agents), the DoD P&T Committee recommended that armodafinil (Nuvigil) be designated as non-formulary. This recommendation has been approved by the Director, DHA.

**Effective Date:** 11 July 2012

Patients currently using a nonformulary wakefulness promoting agent may wish to ask their doctor to consider a formulary alternative.

### Special Notes:

1. Active duty cost share always \$0 in all points of service for all three tiers; Active duty cost share always \$0 in all points of service for all three tiers; TRICARE does not cover non-formulary medications for active duty service members unless they are determined to be medically necessary.
2. MTFs will be able to fill non-formulary requests for non-formulary medications only if both of the following conditions are met: 1) a MTF provider writes the prescription, and 2) medical necessity is established for the non-formulary medication. MTFs may (but are not required to) fill a prescription for a non-formulary medication written by a non-MTF provider to whom the patient was referred, as long as medical necessity has been established.

### Medical Necessity Criteria for Armodafinil (Nuvigil)

The non-formulary cost share for Nuvigil may be reduced to the formulary cost share if the patient meets any of the following criteria:

1. Use of modafinil (Provigil and generics) is contraindicated (e.g., due to hypersensitivity to a dye or other inert ingredient) and treatment with Nuvigil is not contraindicated.

*Criteria approved through the DoD P&T Committee process*

www.tricare.mil is the official Web site of the  
Defense Health Agency,  
a component of the [Military Health System](#)  
DHHQ, 7700 Arlington Blvd,  
Falls Church, VA 22042



TRICARE Pharmacy Program Medical Necessity Form for  
Nuvigil (armodafinil)



5680

This form applies to the TRICARE Pharmacy Program (TPharm). The medical necessity criteria outlined on this form also apply at Military Treatment Facilities (MTFs). The form must be completed and signed by the prescriber.

- **The formulary wakefulness-promoting agent on the DoD Uniform Formulary is modafinil (Provigil, generics).** Nuvigil (armodafinil) is non-formulary, but available to most beneficiaries at the non-formulary cost share.
- You do **NOT** need to complete this form in order for non-Active duty beneficiaries (spouses, dependents, and retirees) to obtain non-formulary medications at the non-formulary cost share. The purpose of this form is to provide information that will be used to determine if the use of the non-formulary medication instead of the formulary medication is medically necessary. If the non-formulary medication is determined to be medically necessary, non-Active duty beneficiaries may obtain it at the formulary cost share.
- Active duty service members may not fill prescriptions for a non-formulary medication unless it is determined to be medically necessary. There is no cost share for active duty service members at any DoD pharmacy point of service.

|                             |   |     |  |
|-----------------------------|---|-----|--|
| MAIL ORDER<br>and<br>RETAIL | <ul style="list-style-type: none"><li>• The provider may <b>call: 1-866-684-4488</b> or the completed form may be <b>faxed to: 1-866-684-4477</b></li><li>• The patient may attach the completed form to the prescription and <b>mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954</b> or <b>email the form only to: TPharmPA@express-scripts.com</b></li></ul> | MTF | <ul style="list-style-type: none"><li>• Non-formulary medications are available at MTFs only if <b>both</b> of the following are met:<ul style="list-style-type: none"><li>▪ The prescription is written by a military provider or, at the discretion of the MTF, a civilian provider to whom the patient was referred by the MTF.</li><li>▪ The non-formulary medication is determined to be medically necessary.</li></ul></li><li>• Please contact your local MTF for more information. There are no cost shares at MTFs.</li></ul> |
|-----------------------------|---|-----|--|

**Step 1** Please complete patient and physician information (please print):

|                      |                       |
|----------------------|-----------------------|
| Patient Name: _____  | Physician Name: _____ |
| Address: _____       | Address: _____        |
| Sponsor ID # _____   | Phone #: _____        |
| Date of Birth: _____ | Secure Fax #: _____   |

**Step 2**

1. Is the use of modafinil (Provigil, generics) contraindicated in this patient?

Yes

Proceed to Question 2

No

Coverage not approved

2. Please provide an explanation of the contraindication to modafinil (Provigil).

**Step 3**

I certify the above is correct and accurate to the best of my knowledge. Please sign and date:

\_\_\_\_\_  
Prescriber signature

\_\_\_\_\_  
Date